

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3358

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **852**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>A</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	c. LENGTH OF STAY (in this place) <i>6 weeks</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>3174^a Portis Pl.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) ALEXANDER c. (Last) WALKER			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 27 1949</i>			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH <i>June 29 1877</i>	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cashier</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Term. Railroad</i>		11. BIRTHPLACE (State or foreign country) <i>St. Genevieve Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>

13a. FATHER'S NAME <i>Alexander Walker</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Ella Walker</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ella Walker 3174^a Portis Pl.</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular Accident</i>		years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Cardiovascular Disease</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>arteriosclerosis</i>		years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>143x</i>	19d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-13*, 1948, to *1-27*, 1949, that I last saw the deceased alive on *1-26*, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>McLester</i>		(Degree or title)	23b. ADDRESS <i>1755 S. Grand, St. Louis</i>	23c. DATE SIGNED <i>Jan 28 49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1/29/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JAN 29 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Sauter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>L. Ziegenheim & Sons 7027 Gravois</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Signed W. G. Peterson

Signed.....
..... Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.